

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

D. BOX 942732

ACRAMENTO, CA 94234-7320



JANUARY 16, 1990

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 90-08

SUBJECT: COST BENEFITS ANALYSIS/IMPLEMENTATION PLAN (CBA/IP)
FOR THE MEDICARE CATASTROPHIC CARE ACT (MCCA)

Reference: ACWDL 89-90

The purpose of this letter is to provide counties with worksheets (enclosed) necessary to complete a CBA/IP for the MCCA program. Instructions for ordering equipment for the MCCA program were contained in All County Welfare Directors Letter 89-90. This CBA/IP is to be used only for costs associated with modifications to county systems resulting from MCCA. The worksheets cover one-time development and implementation costs, ongoing annual maintenance and operations, and cost of preparing the CBA/IP.

Submit completed CBA/IP worksheets to:

State Department of Social Services
County Approvals Section
744 P Street
Mail Station 19-12
Sacramento, CA 95814

Questions concerning preparation of the CBA/IP should be directed to your analyst in the County Approvals Section at (916) 323-4306.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures:

cc: All County Medi-Cal Liaisons
All County Program Consultants

Expiration Date: JANUARY 16, 1991

SECTION I
MEDICARE CATASTROPHIC CARE ACT (MCCA)
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

A. EDP STAFF RESOURCES

1. VENDOR/OUTSIDE CONSULTANT FEE

Name of Consultant _____

_____ hours X \$ _____/hour Subtotal - A-1 \$ _____

2. DATA PROCESSING COSTS FOR DEVELOPMENT AND IMPLEMENTATION

Analysis Personnel

Class	Cost/Hr	Total Hrs	Total \$
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal \$ _____

Programming Personnel

Class	Cost/Hr	Total Hrs	Total \$
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal \$ _____

EDP Operations Personnel

Class	Cost/Hr	Total Hrs	Total \$
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal \$ _____

Other Personnel (identify)

Class	Cost/Hr	Total Hrs	Total \$
-------	---------	-----------	----------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal \$ _____

Subtotal - A.2 \$ _____

Subtotal - A \$ _____ *

MEDICARE CATASTROPHIC CARE ACT (MCCA)
COST WORKSHEET
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

B. SITE PREPARATION (Cable pulling, wiring, etc). \$ _____ *

C. SUPPLIES (One time only)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Subtotal - C \$ _____ *

D. IMPLEMENTATION OPERATING COSTS

	# Units	Unit Cost	
CPU Time	_____	_____	\$ _____
Printing	_____	_____	_____
Other	_____	_____	_____

Subtotal - D \$ _____ *

E. OTHER COSTS (identify)

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

Subtotal - E \$ _____ *

F. EQUIPMENT

Any additional equipment required for MCCA should have been (or be) ordered per All County Welfare Director's Letter 89-90.

MEDICARE CATASTROPHIC CARE ACT (MCCA)
SUMMARY OF
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

Bring * figures forward from Section I.

A. STAFF RESOURCES	\$ _____
B. SITE PREPARATION	_____
C. SUPPLIES	_____
D. OPERATING COSTS	_____
E. OTHER	_____

TOTAL COSTS (Items A - E) \$ _____

SECTION II
MEDICARE CATASTROPHIC CARE ACT (MCCA)
COST WORKSHEET
ONGOING ANNUAL MAINTENANCE AND OPERATIONS COSTS (ESTIMATES)

A. EDP STAFF RESOURCES

1. VENDOR/OUTSIDE CONSULTANT FEE

Name of Consultant _____

_____ hours X \$ _____/hour Subtotal - A-1 \$ _____

2. DATA PROCESSING COSTS FOR MAINTENANCE AND OPERATIONS

Analysis Personnel

Class	Cost/Hr	Total Hrs	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal \$ _____

Programming Personnel

Class	Cost/Hr	Total Hrs	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal \$ _____

EDP Operations Personnel

Class	Cost/Hr	Total Hrs	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal \$ _____

Other Personnel (identify)

Class	Cost/Hr	Total Hrs	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal \$ _____

Subtotal - A.2 \$ _____

Subtotal - A \$ _____ *

MEDICARE CATASTROPHIC CARE ACT (MCCA)
COST WORKSHEET
ON-GOING ANNUAL MAINTENANCE AND OPERATIONS COSTS (ESTIMATES)

B. SITE PREPARATION (Cable pulling, wiring, etc). \$ _____ *

C. SUPPLIES (One time only)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Subtotal - C \$ _____ *

D. IMPLEMENTATION OPERATING COSTS

	# Units	Unit Cost	
CPU Time	_____	_____	\$ _____
Printing	_____	_____	_____
Other	_____	_____	_____

Subtotal - D \$ _____ *

E. OTHER COSTS (identify)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Subtotal - E \$ _____ *

F. EQUIPMENT

Any additional equipment required for MCCA should have been (or be) ordered per All County Welfare Director's Letter 89-90.

MEDICARE CATASTROPHIC CARE ACT (MCCA)
SUMMARY OF
ON-GOING ANNUAL MAINTENANCE AND OPERATIONS COSTS (ESTIMATES)

Bring * figures forward from Section II.

A. STAFF RESOURCES	\$ _____
B. SITE PREPARATION	_____
C. SUPPLIES	_____
D. OPERATING COSTS	_____
E. OTHER	_____

TOTAL COSTS (Items A - E) \$ _____

SECTION III
MEDICARE CATASTROPHIC CARE ACT (MCCA)
COST BENEFIT ANALYSIS/IMPLEMENTATION PLAN DOCUMENT PREPARATION
STATEMENT OF ESTIMATED COSTS

County: _____

Date: _____

Person responsible for preparation of the Cost Statement:

Name: _____

Title: _____

Address: _____

Telephone: (____) _____

Total Estimated Cost for Completing CBA/IP:

Staff Resources

Classification	Welfare/ EDP	No. of Hours	Hourly Rate	Cost
-----	-----	-----	-----	-----
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Subtotal \$ _____

Other Costs (detail)

Type	Comments	Cost
-----	-----	-----
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Subtotal \$ _____
		TOTAL COSTS \$ _____